DECLARATION — Utility or Design Patent Application

										
Direct all correspondence to: Customer Number:			OR Correspondence address below					oondence address below		
Name										
Address										
City				State					ZIP	
Country	-	Telephone				Fax				
!										
I hereby declare that all statem	nents made her	ein of my ov	wn know	ledge	are tru	e and t	hat all	stateme	ents made on information	
and belief are believed to be	true; and fur	ther that the	ese stat	ement	s were	made	with	the kno	wledge that willful false	
statements and the like so mad false statements may jeopardiz								U.S.C. ²	1001 and that such willful	
			_	7,1						
NAME OF SOLE OR FIRST IN	VENTOR:		<u> </u>	etition				s unsigr	ned inventor	
Given Name (first and middle lif anyl)					F	amily N	Name			
(first and middle [if any])	ON				١	ii Suille	AGI	JILLERA		
Inventor's					.				Date	
Signature Solonzo. Residence: City	V AG	FILILLE	M						20-1-04	
Residence: City	State			Country Citize				Citizer		
BROOKLYN	NY							TRINIDA	NIDAD	
Mailing Address										
1296 PACIFIC STREET #605										
Cit.	Cana				710					
City BROOKLYN	State			ZIP				1	Country	
BROOKLIN	NY			.11216					USA	
NAME OF SECOND INVENTO	R:				A pe	etition h	ias bee	n filed f	or this unsigned inventor	
Given Name					Family Name					
(first and middle [if any])					or Surname					
Inventor's								T	Date	
Signature								İ		
Residence: City	State		_	Coun	try			Citizer	nship	
							:			
Mailing Address								<u> </u>	 	
City	State				ZIP			Count		
, VIII					-"			Count	' y	
Additional inventors or a legal re	presentative are bei	no named on th	ne s	unnleme	ntal she	et(s) PT()/SB/024	or 02LP :	attached hereto.	
			·		3116	(-) (~: V&L!\ 0	ALLOW 104 1101010.	

PTO/SB/01 (08-03)
Approved for use through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

NNY2426

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number

DECLARATION	FOR UTILIT	ΓY OR			141412420		
DES	First Named Inventor SOLOMON AGUILLERA						
PATENT AF	COMPLETE IF KNOWN						
(37 CF	R 1.63)	-	Application I	Number			
Declaration	Declarati	ion	Filing Date				
Submitted OR With Initial	Submitte Filing (su	ed after Initial urcharge	Art Unit				
Filing	(37 CFR required	1.16 (e))	Examiner N	ame			$\overline{}$
I hereby declare that: Each inventor's residence, ma	tiling address, a	nd citizenship are a	is stated be	elow next to ti	neir name.		
I believe the inventor(s) name which a patent is sought on the			inventor(s)	of the subjec	t matter which	is claimed a	nd for
RODENT TRAP							
	•	(Title of the I	Invention)	,			
the specification of which							
is attached hereto							
OR							
Uses filed an (MM/DD/)	~~\]		P P N N 1	5071	
was filed on (MM/DD/Y	111)		j as Unite	ed States App	olication Numb	er or PCT In	ternational
Application Number		and was amended	on (MM/D	D/YYYY)		(if a	ipplicable).
I hereby state that I have revie amended by any amendment			of the abov	e identified s	pecification, in	cluding the c	laims, as
•							
I acknowledge the duty to discontinuation-in-part application and the national or PCT intern	ns, material info	rmation which bec	ame availa	ble between			
I hereby claim foreign priority					any foreign a	pplication(s)	for patent,
inventor's or plant breeder's ri	ights certificate(s), or 365(a) of any	y PCT inter	rnational app	lication which	designated a	it least one
country other than the United application for patent, inventor							
before that of the application of	on which priority	is claimed.	ito(3), or ar	iy i O i intern	ational applica	ation naving t	a illing date
Prior Foreign Application	0	Foreign Filing		Prior		rtified Copy	
Number(s)	Country	(MM/DD/YY)	(1)	Not Cla	imed	<u>Yes</u>	No
			·	<u> </u>	<u> </u>		
]		
					1		
				<u></u>	{	H	
	<u></u>				J		_ <u> </u>
Additional foreign applicat	tion numbers are	e listed on a supple	mental pric	rity data she	et PTO/SB/02	B attached he	ereto.

[Page 1 of 2] This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are require

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

	PTO/SB/81 (09-03) Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Tr ed to respond to a collection of info	ademark Office; U.S. DEPARTMENT OF COMMERCE ormation unless it displays a valid OMB control number.
Application Number	
Filing Date	
First Named Inventor	SOLOMON AGUILLERA
Title	RODENT TRAP
Art Unit	
Examiner Name	
Attorney Docket Number	NNY2426

I hereby ap	ppoint:	1					-
✓ Prac	ctitioners associated	with the Customer Number:		34356			
OR		ļ					
Prac	ctitioner(s) named be	low:					
	-	Name		·	Registration	Number	
<u> </u>							
		· · · · ·					
	attorney(s) or agent(s Office connected the	s) to prosecute the application erewith.	identified above	e, and to trans	sact all business	in the Unite	d States Patent and
Please reco	ognize or change the	correspondence address for t	the above-identi	ified application	on to:		
		ed with the above-mentioned C					
OR		(
						•	
	he address associat	ed with Customer Number:					
OR		L					
	Firm or Individual Name						
Addr	ress					-	
Addr	ress						
City				State		Zip	
Cour				f			
I am the:	phone	<u> </u>		Fex			
7	oplicant/Inventor.						
As St	ssignee of record of t	the entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form	l 3.71. <i>PTO/SB/</i> 96)				
		SIGNATURE of		ssignee of R	Record		
Name	SOLOMON AGUILI					· -	
Signature	Solomon	1 Aguillera					
Date	20-1	-04			Telephone	347-	782-7690
NOTE: Signa forms if more	atures of all the inventor than one signature is r	s or assignees of record of the enti equired, see below*.	re interest or their	representative	e(s) are required. S	Submit multiple	}
✓ *Tota	al of ONE	forms are submitted.					

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.